

P99 000 106 256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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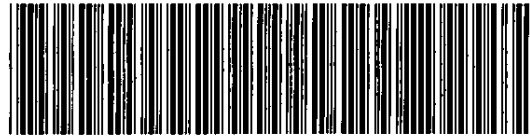
(Business Entity Name)

(Document Number)

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03/15/10--01014--004 **35.00

APPROVAL
AND
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10 MAR 15 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/16/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMJ TRUCKING INC.
Name of Corporation

DOCUMENT NUMBER: P99000106256

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PARBATTIE JAIRAM
Name of Contact Person

SMJ TRUCKING INC.
Firm/Company

1913 LOCHSHYRE LOOP
Address

OCOE, FL. 34761
City/State and Zip Code

RJAIRAM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARBATTIE JAIRAM at (407) 532-7860
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SMJ TRUCKING INC.
2. The principal office address: 1913 LOCHSHYRE LOOP
OCOEE, FL. 34761
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/06/1999 Document number: P99000106256
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MOTILALL JAIRAM (Resigned)

7370 NW 29 ST

MARGATE, FL. 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARBATTIE JAIRAM

1913 LOCHSHYRE LOOP

P.O. Box NOT acceptable

OCOEE, FL. 34761

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rita Jairam
Signature of an officer or director

RITA JAIRAM (Secretary)
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Parbattie Jairam
Signature of Registered Agent

03/08/10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

APPROVED
AND
FILED
10 MAR 15 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA